MAXIMUS Federal Services

Case Number:	CM14-0052917		
Date Assigned:	07/07/2014	Date of Injury:	05/09/2008
Decision Date:	08/11/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	04/21/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 68-year-old man who sustained a work related injury on May 9, 2008. The subsequently he developed with the chronic left foot pain. The according to the progress note dated on March 13, 2014, the patient was complaining of left foot pain with instability. Her physical examination demonstrated left foot drop compensated with hip abduction. The range of motion of the left foot was reduced. His neurologic examination was not focal. The patient was diagnosed with the left foot keratosis, left ankle subluxation, left ankle instability, peripheral vascular disease and painful neuropathy. The provider requested authorization for the following topical analgesics.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Menthoderm gel: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment guidelines section on Topical Analgesics (page 111), topical analgesics are largely experimental in use with few

randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Menthoderm (menthol and methyl salicylate) contains menthol a topical analgesic that is not recommended by MTUS. In this case, there is no documentation of failure of first line pain medications. Furthermore, there is no documentation of functional and pain improvement with previous use of Menthoderm gel. Therefore, the request for Menthoderm gel is not medically necessary and appropriate.

Terocin patches (Unknown prescription): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics, topical capsaicin, and topical salicylate sections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: Terocin patches is formed by the combination of methyl salicylate, capsaicin, and menthol. According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Terocin patch contains capsaicin a topical analgesic not recommended by MTUS. In this case, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Based on the above the request for Terocin patches is not medically necessary and appropriate.